

IHS/CAO TRIBAL ADVISORY COMMITTEE MEETING
July 23-24, 2003
EXECUTIVE SUMMARY

Members in attendance:	Tribe Represented	Region Represented
Mr. Peter Masten, Jr.	Hoopa Valley Tribe	Northern
Mr. Matt Franklin	Ione Band Miwok Indians	East Central
Mr. Richard Wilder	Fort Independence Reserv.	East Central
Ms. Donna Schular	Sherwood Valley Rancheria	West Central
Mr. Jeffrey C. Knight	Middletown Rancheria	West Central
Ms. Kelly Short-Slagley	Agua Caliente Band of MI	Southern
Mr. Joseph C. Saulque	National Indian Health Board	
Mr. Dale Miller	Urban Programs	

IHS staff in attendance:

Ms. Margo Kerrigan,	Area Director
Mr. J. Paul Redeagle,	Deputy Area Director
Dr. Stephen Mader,	Chief Medical Officer (CMO)
Mr. Dennis Heffington,	ISDA Program Manager
Dr. Ralph Ettinger,	Psychologist Consultant
Ms. Paula Lee,	Attorney, OGC
Mr. Ed Fluette,	Associate Director, OEHE

The California Area Tribal Advisory Committee (CATAC) meeting began on Wednesday, July 23rd at 9:00 a.m. and ended on Thursday, July 24, 2003 at 12:30 p.m. In addition to the attendees listed above, this meeting was open to and attended by additional tribal and program leaders, Indian Health Service (IHS) staff, and guests.

Mr. Paul Redeagle, Director, California Area Indian Health Service (CAIHS), opened the meeting with a welcome, and introductions.

ORIENTATION FOR MEMBERS - Mr. Dennis Heffington, in providing an orientation and context for new and continuing members, reviewed the national IHS web page and the CAOIHS web page. All members reported that they have access to the internet. A review of the IHS web pages provides information for all current health

issues. For the next CATAC meeting members would like a discussion on acronyms used within the IHS, descriptions of all workgroups, a list of the representatives that serve on them, and a discussion of the CAO functions. In addition, some members reiterated that meetings should begin on time, be facilitated more formally, and more care given to notifications of the meeting. Mr. Heffington will notify all members, health program directors, and all tribes of future meetings. E-mail addresses will be solicited from all concerned to make the notification process more efficient.

YRTC TASK FORCE UPDATE - Dr. Ralph Ettinger, and Dr. Stephen Mader, provided an update of the status of the Project Justification Document (PJD) for the proposed Youth Regional Treatment Center (YRTC) Network expansion for California. The PJD outlined the details of the two substance abuse facilities currently proposed. Following programmatic approval at IHS Headquarters the proposed costs for the project will be formally included in the budget request. "Site selection" decisions will be based on many factors including availability of staff and land. The proposed funding for the first facility will be expected in FY 2005 and the second facility in FY 2006.

Because the "proposed service program" is one component of the larger overall treatment network, the site must have access to medical services, must have reasonable proximity to air travel and car rental locations, and meet various other site criteria. Four regional consultation sessions are being planned in October to discuss with California tribal governments site selection criteria for potential YRTC construction. These consultation meetings will be announced and posted on the CAO web site.

GOVERNMENT PERFORMANCES RESULT ACT (GPRA) - Dr. Stephen Mader discussed the use of "clinical active users" in the GPRA reporting process. GPRA reports are due for the IHS by August 22nd for data collected through June 30th. This year reporting will be done electronically, without the manual audits done in previous years.

The report will present a national overview of the IHS including the California Area tribal and urban direct care programs' effort to achieve Healthy People 2010 goals. For FY 2002, the CAIHS worked with the tribal and urban programs to monitor clinical performance in the following areas:

Childhood immunizations, influenza and pneumococcal vaccinations for the elderly, cholesterol screening, breast and cervical cancer screening, foot, eye, and dental examinations for diabetic patients, glycemic control in diabetics, dyslipidemia screening and kidney disease screening in diabetics.

Proposed "performance based funding" based on GRPA reporting results was also discussed. Performance based funding is expected on some new funding distributions and will not affect current recurring funding levels. For instance, performance factors reported may be used in determining funding levels for new funds. Many thoughts were expressed, such as "those who do well should be rewarded, funding should not be a competitive process, parity should be considered to bring programs up to a 100% level of need, each program should have a level playing field with equal opportunities."

DIABETES DATA PROJECT - Ms. Dawn LeBlanc, Area Diabetes Control Officer, once again provided a California Area Diabetes Data Project update, and the data improvement contracts with the Northwest Portland Area Indian Health Board for the California Area Diabetes Surveillance Project, Cimarron Medical Informatics, Modern Communications, and the United Indian Health Service, Inc.

Ms. LeBlanc also described the Taking Control of Your Diabetes (TCOYD) conference and health fair on Saturday, September 27, 2003 taking place at the Barona Valley Ranch in Lakeside, California. You may call 800-998-2693, 858-755-5683, or visit www.tcoyd.org for additional information and registration. This conference is a very special program specifically for Native Americans and is sponsored by the Southern Indian Health Council, Inc. and the California Area Indian Health Service. "Many of the speakers and other diabetes experts are Native American and have worked in Native American health care for many years."

Ms. LeBlanc described the continuing expectation of accurate diabetes registers at California sites, improved diabetes care and patient outcomes, the ability to run the diabetes audit electronically, and improved accuracy of the California Area diabetes prevalence rate.

ANNUAL TRIBAL LEADER'S MEETING - Ms. Kerrigan reviewed comments and recommendations provided during the last Annual Tribal Leader's Meeting held at John Ascuaga's Nugget in Sparks, Nevada. The comments were discussed by the group and additional recommendations for the 2004 Annual Tribal Leader's Meeting were made by CATAC members. Comments and recommendations include:

Reno has proven to be the least expensive and best attended location to hold the Annual Tribal Leader's conference.

Even though the pillars in the meeting room at the Nugget were in the way of some participants, the Nugget was a better meeting place than past locations.

The meeting should be 2 or 3 full days, and not include a half-day. Participation is sporadic on the last half day, because many attendees are checking out of the hotel and preparing for the trip home.

Only IHS speakers should participate in the conference instead of outside speakers.

The regional caucuses should be held prior to each vote on various issues.

The agenda for the meeting should be sent out early.

The meeting should start in the afternoon of the first day to allow tribal leaders to meet in the morning to discuss, comment and decide on how to vote on each issue.

A knowledgeable person should be made available to speak to the "pros and cons" of each issue.

The issues should be decided upon early to allow sufficient time to prepare for the caucuses and voting.

A congressional person should be invited as the "keynote" speaker and must be invited and scheduled early.

Ms. Kerrigan should spend "quality time" in each caucus.

A "wall or bulletin board" should be created and maintained to post the agenda and explanation of the voting issues.

A formal adoption of the agenda should be conducted at the beginning of the conference to set the agenda and prevent changes during the meeting.

A discussion of the voting issues should be posted on the CAOIHS web page.

The first day of the meeting should have a Tribal Advisory Committee meeting scheduled from 9:00am -12:00pm, and tribal caucuses scheduled from 1:00pm - 5:00pm, to prepare for the discussions and presentation of the issues for 2 full days.

The issues for presentations and voting should be identified at the next CATAC meeting for the 2004 Annual Tribal Leader's Meeting.

FACILITIES APPROPRIATION ADVISORY BOARD - Mr. Ed Fluette, Associate Director, Office of Environmental Health and Engineering (OEHE), provided some background information on the Facilities Appropriation Advisory Board (FAAB). Ms. Donna Schular, a CATAC member representing the West Central Region, and the Sherwood Valley Rancheria, is serving as the California representative to the FAAB. She will serve on behalf of all tribes.

A formal FAAB meeting has not been held this year. A list of members, operating guidelines, committee charge, and the facility funding methodology as it affects small tribes/clinics was requested by the CATAC.

Mr. Fluette discussed the purpose of \$150,000 of funds received to identify and document area facilities costs.

Mr. Peter Masten described the necessity for an area facility committee for advocacy. This would be particularly useful in the development of the Health Services and Facilities Master Plan.

The FAAB operates for the purpose of providing tribal participation in the review, development, and implementation of policies, procedures, guidelines, and priorities, which govern the operation of OEHE programs. The FAAB is a standing IHS committee composed of 12 tribal representatives and two IHS members. Meetings are planned semi-annually and the FAAB makes recommendations to the Director, OEHE, or the Director of the IHS.

BUDGET FORMULATION ACTIVITIES and **REAUTHORIZATION OF THE INDIAN HEALTH CARE IMPROVEMENT ACT** – Ms. Rachel Joseph, Budget

Formulation Team Representative and Co-Chairperson, as well as being the Co-Chairperson to the National Steering Committee on the Reauthorization of the Indian Health Care Improvement Act (IHCIA) provided a report on the testimony provided before the United States Senate Committee on Indian Affairs and House Committee on Resources, July 16, 2003. A copy of her testimony and the testimony of Dr. Charles W. Grim, D.S.S., M.H.S.A. as Interim Director of the Indian Health Service is available upon request or on the IHS web page:

[http://www.ihs.gov/PublicInfo/PublicAffairs/Director/index.asp\](http://www.ihs.gov/PublicInfo/PublicAffairs/Director/index.asp)

Ms. Joseph suggests concern for the following items: (1) elevation of the IHS Director, (2) the House version of the bill does not address the CHEF threshold level, for small programs it is difficult to reach the level to access the CHEF, (3) and the prohibition of using sewage and water funds for new HUD homes. There is a need to contact congressional representatives to ask them to add on as co-sponsors to the re-authorization bill. If the re-authorization is not done this year, next year it will be more difficult.

Regarding the Budget Formulation activities, the proposed needs based budget reflects \$19.3 million toward inflation growth and diabetes need. \$200 million has been lost in purchasing power due to growth in inflation.

The Budget Formulation team is planning an evaluation meeting for August 27-28 in Rockville, Maryland.

Mr. Joseph Saulque reported on his participation in the national budget formulation meeting. The focus of the meeting was on the "needs" based budgets. The group discussed the necessity for additional coordinated tribal lobbying efforts. The most current information on the national budget formulation activities is also available on the IHS website:

<http://www.ihs.gov/AdminMngrResources/Budget/index.asp>

INJURY PREVENTION PROGRAM - Ms. Norma Pole-McAdams provided a description and report to the Advisory Committee on the national Injury Prevention Program. Comprehensive information on national injury prevention can be found at:

<http://www.ihs.gov/MedicalPrograms/InjuryPrevention>

Ms. Norma McAdams, serves as the Injury Prevention Coordinator at the K'imaw Medical Center in Hoopa, California. She can be reached by email at nmcadams@ca.ihs.gov or by telephone at 530-625-4261 ext.260, or fax at 530-625-4842.

CARDIOVASCULAR DISEASE AND PREVENTION - Mr. Jeffrey C. Knight, a tribal representative from the West Central Region, and from the Middletown Rancheria, accepted the responsibility to participate in a round table discussion to identify the major elements and contributing factors, as well as a five year action plan, for the prevention of Cardiovascular Disease (CVD) among American Indians and Alaska Natives. This roundtable discussion is scheduled for September 25th and 26th, 2003 in the Washington, D.C. area.

NEXT CALIFORNIA AREA TRIBAL ADVISORY COMMITTEE MEETING - The next meeting has been scheduled for October 7th in Palm Springs. This meeting will be in conjunction with the planned October 8th tribal consultation meeting regarding the site selection criteria for the two proposed California Area YRTC's. These meetings are planned at the Spa Resort Hotel, 100 N. Indian Canyon Drive, Palm Springs, (760) 325-1461 and are immediately preceding the DHHS portion of the national Fall Self-Governance Conference at the Riviera Resort in Palm Springs.